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Trilaciclib Injection

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Overview

This policy supports medical necessity review for trilaciclib (Cosela).

Medical Necessity Criteria

Trilaciclib (Cosela) is considered medically necessary when the following are met:

- 1. Small Cell Lung Cancer. Individual meets ALL of the following criteria (A, B, C, D, and E):
A) Individual is 18 years of age or older
B) Individual has extensive-stage disease
C) Medication is used to decrease the incidence of chemotherapy-induced myelosuppression
D) Individual meets ONE of the following criteria (i or ii):
i. Patient will be receiving platinum (carboplatin or cisplatin) and etoposide-containing chemotherapy regimen
ii. Patient will be receiving topotecan-containing regimen

E) The medication is prescribed by or in consultation with an oncologist.

When coverage is available and medically necessary, the dosage, frequency, duration of therapy, and site of care should be reasonable, clinically appropriate, and supported by evidence-based literature and adjusted based upon severity, alternative available treatments, and previous response to therapy.

Note: Receipt of sample product does not satisfy any criteria requirements for coverage.

Reauthorization Criteria

Trilaciclib (Cosela) is considered medically necessary for continued use when initial criteria are met.

Authorization Duration

Initial approval duration is up to 6 months.

Reauthorization approval duration is up to 12 months.

Conditions Not Covered

Trilaciclib (Cosela) is considered experimental, investigational or unproven for **ANY** other use.

Coding / Billing Information

Note: 1) This list of codes may not be all-inclusive.
2) Deleted codes and codes which are not effective at the time the service is rendered may not be eligible for reimbursement.

Considered Medically Necessary when criteria in the applicable policy statements listed above are met:

HCPCS Codes	Description
C9078	Injection, trilaciclib, 1 mg (Code deleted 09/30/2021)
J1448	Injection, trilaciclib, 1 mg

Background

OVERVIEW

Cosela, a cyclin dependent kinase (CDK) 4/6 kinase inhibitor, is indicated to **decrease the incidence of chemotherapy-induced myelosuppression** in adults when administered prior to a platinum/etoposide-containing regimen or topotecan-containing regimen for extensive-stage small cell lung cancer (SCLC).¹

Guidelines

The National Comprehensive Cancer Network (NCCN) addresses Cosela.^{2,3}

- **Myelosuppression, Chemotherapy-Induced:** The NCCN guidelines on hematopoietic growth factors (version 2.2021 – March 23, 2021) recommends the use of Cosela for prophylactic management of neutropenia and anemia when given before (or granulocyte-colony stimulating factor [G-CSF] may be given after) platinum/etoposide ± immune checkpoint inhibitor-containing regimens or a topotecan-containing regimen for extensive-stage SCLC (category 2B).² It has a category 2A recommendation when specified for use before SCLC chemotherapies that are intermediate risk (etoposide/carboplatin) or high risk (topotecan) for febrile neutropenia.
- **Small Cell Lung Cancer:** Under supportive care, the NCCN SCLC guidelines (version 3.2021 – March 23, 2021) notes that Cosela may be used as a prophylactic option to decrease the incidence of chemotherapy-induced myelosuppression when given before (or G-CSF may be administered after)

platinum/etoposide ± immune checkpoint inhibitor-containing regimens or a topotecan-containing regimen for extensive-stage SCLC (category 2A).³

References

1. Cosela™ injection for intravenous use [prescribing information]. Durham, NC: G1 Therapeutics, Inc.; February 2021.
2. The NCCN Hematopoietic Growth Factors Clinical Practice Guidelines in Oncology (version 2.2021 – March 23, 2021). © 2021 National Comprehensive Cancer Network, Inc. Available at: <http://www.nccn.org>. Accessed on March 24, 2021.
3. The NCCN Small Cell Lung Cancer Clinical Practice Guidelines in Oncology (version 3.2021 – March 23, 2021). © 2021 National Comprehensive Cancer Network, Inc. Available at: <http://www.nccn.org>. Accessed on March 24, 2021.

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